

Head office: 2035 Queen Street, Abbotsford BC V2T 6J3 604-857-2211

Remit to: Administrator@importautorecyclers.com or Fax to (604) 854-4255

Type of Application: Ne	ew Credit Reinstatement		/ Renewal	Incr	Increase of Credit Limit	
Date:				PST#		
APPLICANT:				151		
Registered Name:						
Business Address:						
Phone: No.1				No.2		
Fax			Email Addres			
Shipping Address:						
Type of Business: Collision	Mechanical	Recycler	Dealer	Other		
Credit Limit Requested:		_				
Forms of Organization:	Proprietorship:		Owned	Rented	Date Business Commenced:	
	Partnership:		es:			
	Corporation:	2.Equipn	nent			
PRINCIPALS:						
Name: 1			2			
Address:			_			
Home Phone:()			(_			
BANK AND TRADE REFER	ENCES:					
Bank Name:						
Branch:						
Telephone: () _			Contact:			
CREDIT REFERENCES						
1	Tel ()		_ Fax ()	
2	Tel ()		_ Fax ()	
3	Tel ()		Fax ())	
CONDITIONS:						
I/We certify that all information	disclosed is correct, ar	nd agree that all accou	nts to Pro Auto	Recyclers are due	and payable within 30 days. I/We h	ereby make this application
for the purpose of securing cred	it from Pro Auto Recy	clers. You have the ri	ght to make the	usual inquiries abou	ut Me/Us from time to time and have	e My/Our consent to discle
information of a credit nature to	persons or to organiza	tions with whom I/We	have or may ex	pect to have financ	ial dealings. Pro Auto Recyclers h	as the right to limit the
amount of credit extended. Pro	Auto Recyclers reserv	es the right to change	any account to 0	C.O.D. basis for fai	lure to observe our credit policy as	stated.
Applicant's Signatur	e		-		Date	
Office use Only:						
Credit Approval:		A	Amount			
_ ·· _			Date			